Posted October 1, 2012

Alabama Interagency Autism Coordinating Council

Nomination Packet

The Alabama Interagency Autism Coordinating Council (AIACC) includes seats for three adults with ASD, three parents or guardians of a child with ASD, and five service providers. These positions are filled by Governor Appointment, in accordance with Act# 2009-295. The AIACC Bylaws/Membership Committee reviews nominations and submits them to the Governor for consideration and appointment. Applicants will receive notice of receipt of your nomination packet.

Applications are currently being accepted for the following Council seat:

An individual who serves in an executive level capacity from a private health insurance carrier who addresses medical/health policy (1 Vacancy)

In order to be considered for a seat on the Council, you will need to include the following in your Nomination Packet:

- Nomination Form
- Letter of Recommendation

Applications for the posted position is due by November 30, 2012.
Incomplete Nomination Packets will not be considered.

Submit Nomination Packet to:

Alabama Department of Mental Health
Attn: AIACC / Autism Coordinator
100 North Union Street, P.O. Box 301410, Montgomery, AL 36130
P) 205-478-3402 • F) 334-242-0542
anna.mcconnell@mh.alabama.gov

Alabama Interagency Autism Coordinating Council Nomination Form

Nominee: _____

Mailing Address: _____

Preferred Phone: _____

Alternate Phone: _____**Fax (if applicable):**_____

Preferred Email: _____

Race: ___White ___Black or African America ___Hispanic or Latino

___Asian ___American Indian or Alaskan Native ___Native Hawaiian or Other Pacific Islander

Gender: ___Male ___Female

Describe the area where you live: ___Urban ___Rural

For which membership category of the AIACC are you applying?

___Adult Individual with ASD *(What is your age?____)*

___Service Provider *(Employer:* _____ *Job Title:* _____*)*

*(Geographic Area Served:*_____*)*

___Parent or Guardian of a child with ASD (*What is your child's age? ____)*

___Private health insurance carrier representative *(Employer:* _____*)*

(Job Title: _____ *Geographic Area Served:*_____*)*

I am interested in serving on the Council because…_____

_____

_____

_____

_____

_____

_____

_____

My experience and qualifications include (may include any educational or training experience): _____

_____

_____

_____

_____

_____

What knowledge and skills would you bring to the Council? _____

_____

_____

_____

_____

Can you commit to consistent attendance at Council meetings, scheduled quarterly? _____

Are you willing to be involved in workgroups and/or Council committees to carry out the Council's work? ____

_____

You may add additional pages to your Nomination Form if this page does not provide sufficient space.

-A Letter of Recommendation must be included in your Nomination Packet.-

Submit completed Nomination Form to:

Alabama Department of Mental Health
Alabama Interagency Autism Coordinating Council
Attn: Anna McConnell
PO Box 301410
Montgomery, AL 36130
anna.mcconnell@mh.alabama.gov
FAX: (334) 242-0542